

COUNTY OF BLADEN DIRECT DEPOSIT APPLICATION

(Please type or print legibly)

Employee Name: _____ Employee #: _____

Employee Social Security #: _____ Department _____

I request that my payroll check be direct deposited with:

<u>BOX 1 DIRECT DEPOSIT OF NET PAY</u>					
CHECKING	New	Change	SAVINGS	New	Change
	Cancel			Cancel	
BANK NAME: _____					
ACCOUNT #: _____					
BANK ROUTING #: _____					

Attach a voided check or savings deposit slip that contains the bank account number and bank routing information necessary for making a direct deposit to my account. I authorize the County of Bladen to debit my account in the event that an error is made in my payroll deposit. I have read the attached instructions explaining the Introduction to Direct Deposit.

Employee Signature Date

ATTACH VOIDED CHECK